PTO/SB/21 (01-08)

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Total Number of Pages in This Submission

Application Number	10/642,365
Filing Date	August 14, 2003
First Named Inventor	Michael S. H. Chu
Art Unit	3773
Examiner Name	Melissa K. Ryckman
Attorney Docket Number	MIY-P03-024

ENCLOSURES (Check all that apply)						
X Fee Transi	mittal Form	Drawing(s)		After Allowance Communication to TC		
Fee	Attached	Licensing-related Papers	Licensing-related Papers Appeal Communication to B Appeals and Interferences			
x Reply		Petition				
After	Final	Petition to Convert to a Provisional Application		Proprietary Information		
Affid	avits/declaration(s)	Power of Attorney, Revocation Change of Correspondence A		Status Letter		
X Extension	of Time Request	Terminal Disclaimer		X Other Enclosure(s) (please Identify below):		
Express Al	bandonment Request	Request for Refund		Return Receipt Postcard		
Information	CD, Number of CD(s)					
Certified Copy of Priority Document(s) Landscape Table on CD						
	lissing Parts/ Application	Remarks				
	y to Missing Parts under FR 1.52 or 1.53					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Firm Name	ROPES & GRAY LL	Р				
Signature 25						
Printed name	Richard G. Allison		· ·			
Date	May 19, 2008	1	Reg. No.	60,386		

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	postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450,
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Dated: 5/19/09	Signatura: (Markon Halles (Cinduago Halmas)

PTO/SB/17 (10-07)
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Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1251 Extension for response within first month SUBMITTED BY	FEE TRANSMITTAL FOR FY 2008 Applicant claims amail entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (b) 420.00 Applicant claims amail entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (c) 420.00 Attorney Docket No. MIY-P03-024 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number 18-1945 Deposit Account Name Ropes & Gray LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge any additional fee(s) or underpayments of See(s) indicated below Credit Card Card Card Card Card Card Card Card	Under the Paperwork Reduction	on Act of 1995, no person	n are requir	ed to respond to a cor				CIND WILLOI NU	
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FOR FY 2008 First Named Inventor Michael S. H. Chu Examiner Name Michael S. H. Chu Examiner Name Melissa K. Ryckman	FIGH Named Inventor Michael S. H. Chu Examiner Name Michael						3			
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Name (Print/Type) Richard G. Allison Date May 19, 2008		Name (Print/Type) Richard G. Alli	son				Date	May 19,	2008	

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the date sho	own below with suffic	ent postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450,
Alexandria,	VA 22313-1450.	
Dated:	5/19/08	Signature: crue And Alux (Cindyanne Holmes)

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May 19, 2008

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/642,365 **Application Number FEE TRANSMITTAL** August 14, 2003 Filing Date First Named Inventor Michael S. H. Chu **For FY 2008 Examiner Name** Melissa K. Ryckman 3773 Applicant claims small entity status. See 37 CFR 1.27 Art Unit MIY-P03-024 TOTAL AMOUNT OF PAYMENT 420.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 18-1945 Ropes & Gray LLP Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity** Small Entity **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Utility 310 155 510 255 210 105 105 100 Design 210 50 130 65 Plant 210 105 310 155 160 80 Reissue 310 155 510 255 620 310 Provisional 210 105 0 0 0 0 Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 210 105 Multiple dependent claims 370 185 **Total Claims Extra Claims** Fee (\$) Fee Paid (\$) **Multiple Dependent Claims** x \$50.00 = 6 \$300.00 Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee Paid (\$) 0 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets** Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) ______/50 = ___ (round up to a whole number) x - 100 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00 SUBMITTED BY Registration No. Signature 60.386 Telephone (617) 951-7282

I hereby certify that this paper (along the date shown below with sufficient				
Alexandria, VA 22313-1450.	O O O O	-///	Commissioner for Faterits, I	1.0. 002 1400,

(Attorney/Agent)

5/19/08 Dated:

Name (Print/Type)

Richard G. Allison

Signature _____ (Cindyanne Holmes)